



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
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email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
HO	Harvey	A.	(808) 259-3191
MAILING ADDRESS (Street)			FAX
41-202 KALANIANA'OLE HWY.			(808) 259-5971
(City)	(State)	(Zip Code)	
Waimanalo	Hawaii	96795	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
OCEANIC INSTITUTE			(808) 259-7951
MAILING ADDRESS (Street)			FAX
41-202 KALANIANA'OLE HWY			(808) 259-5971
(City)	(State)	(Zip Code)	
Waimanalo	Hawaii	96795	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
OCEANIC INSTITUTE	(808) 259-7951	
MAILING ADDRESS (Street)	FAX	
41-202 KALANIANA'OLE HWY.	(808) 259-5971	
(City)	(State)	(Zip Code)
Waimanalo	Hawaii	96795
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
LOKKIE CHRISTIANSEN	(808) 259-3101	
MAILING ADDRESS (Street)	FAX	
41-202 KALANIANA'OLE HWY.	(808) 259-5971	
(City)	(State)	(Zip Code)
Waimanalo	Hawaii	96795

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**Agriculture

Education

Human Services

Science, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

Consumer Protection &  
Commerce

Hawaiian Affairs

Labor &amp; Employment

Transportation

Culture, Arts, Historic  
Preservation

Health

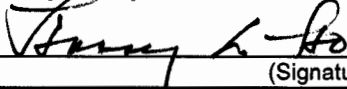
Planning, Land & Water  
Use Management

Other: (indicate below)

Ecology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

AQUACULTURE**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

JAN 3, 2005

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

LORRAE G CHRISTIANSENCHIEF FINANCIAL OFFICER

NAME OF ORGANIZATION (if applicable)

TELEPHONE

OCEANIC INSTITUTE808-259-3101

MAILING ADDRESS (Street)

FAX

41-202 KALANIANA'OLE HWY808-259-5971

(City)

(State)

(Zip Code)

WAIMANALOHI96795*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

(Signature of Authorizing Officer or Person Represented)

1/5/05

(Date)